2678 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02632

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Rocks X
LENGTH OF STAY (in this place): 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rocks X
STREET ADDRESS (If rural give location): Rocks MD

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) Daniel (Last) Amos

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 27 1868

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months 8 Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Wm Amos

14. MOTHER'S MAIDEN NAME: Helen Darby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Wm E Bowther Rocks Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
Immediate cause (a) Pulmonary edema — Interval Between Onset And Death: 2 da

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic C Disease — ?
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 3/11 1954, to 3/11 1954, that I last saw the deceased alive on 3/11 1954, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Gerald C Palmer MD — ADDRESS: Bel Air Md — DATE SIGNED: 3/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 3-14-54 — **NAME OF CEMETERY OR CREMATORY:** Highland — **LOCATION** (City, town, or county) (State): Street Md

DATE REC'D BY LOCAL REGISTRAR: 3/13/54 — **REGISTRAR'S SIGNATURE:** Priscilla Forwood

24. FUNERAL DIRECTOR: Martin E Kurtz — **ADDRESS:** Jarrettsville Md

VS. A15

RECEIVED
MAR 16 1954
BUREAU V. S.

2679

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02633

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Benson X
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Benson - Md - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Harris (Last) Anderson

4. DATE OF DEATH: (Month) Mar. (Day) 16 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 12, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Richard A. Anderson
14. MOTHER'S MAIDEN NAME: Eliza Hill

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) H (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Jane Anderson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
260X
Immediate cause
Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(a) Cerebral Thrombosis — Interval Between Onset And Death: 5 days
DUE TO Hypertensive Cardiovascular Dis — 2 yrs.
(b) Diabetes Mellitus — 2 yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1954, to 3/16, 1954, that I last saw the deceased alive on 3/15, 1954, and that death occurred at 10:10 am from the causes and on the date stated above.
SIGNATURE (Degree or title) Clifford F. Hudson, M.D. ADDRESS Fork, Md. DATE SIGNED 3/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar 19 1954
NAME OF CEMETERY OR CREMATORY Baltimore Cem
LOCATION (City, town, or county) Balto (State) Md
DATE REC'D BY LOCAL REGISTRAR 3/18/54
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR W H Archer ADDRESS Benson Md.

RECEIVED
MAR 19 1954
BUREAU V. S.

2633

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02634

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen 31
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital 50 Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE South Carolina COUNTY Laurens
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurens 77X-3
STREET ADDRESS (If rural give location) 579 E. Main St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) William Davis Asnip III

4. DATE OF DEATH: (Month) (Day) (Year) March 7 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: March 7, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 8 Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Davis Asnip II
14. MOTHER'S MAIDEN NAME: Geraldine Meredith Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: William D. Asnip II SOD Box 417, A.P.G. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 X

Immediate cause (a) Prematurity — Interval Between Onset And Death 8 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Mar, 1954, to 7 Mar, 1954, that I last saw the deceased alive on 7 Mar, 1954, and that death occurred at 7 Mar 54, from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard [illegible], 1st Lt MC
ADDRESS 2151.1 USAH, APG, Md.
DATE SIGNED 7 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 3/9/54
NAME OF CEMETERY OR CREMATORY Greenville Cemetery
LOCATION (City, town, or county) (State) Greenville South Carolina

DATE REC'D BY LOCAL REGISTRAR Mar 9. 1954
REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR John E. Farring
ADDRESS Aberdeen Md.

2034221271

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1954
BUREAU V. S.

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02635

MARYLAND — STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Mt Horeb Rd
LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Mt Horeb Rd
STREET ADDRESS (If rural, give location) Street

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) Low (Last) Ayres
4. DATE OF DEATH (Month) Mar. (Day) 7, (Year) 1954

5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Jan. 30, 1881
9. AGE last birthday '73 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Grayson Co. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Sparks
14. MOTHER'S MAIDEN NAME Nerva Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. J.P. Farmer, Fallston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X
Immediate cause (a) Coronary Thrombosis + Occlusion — 1 week

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Diabetis Mellitus — 5 years
(c) Anemia, Hypochromic Microcytic, chronic — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteria sclerosis Hypertension Ht Disease — 20 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1954, to March 7, 1954, that I last saw the deceased alive on March 6, 1954, and that death occurred at 9:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. James Thomison, Jr M.D. ADDRESS Jarrettsville, Md DATE SIGNED 3/9/54

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE May 10, 1954
NAME OF CEMETERY OR CREMATORY Sharon View
LOCATION (City, town, or county) (State) Forest Hill, Harford Co. Md

DATE REC'D BY LOCAL REG. 3/8/54
REGISTRAR'S SIGNATURE Priscilla Fawood
24. FUNERAL DIRECTOR ADDRESS Martin G. Kurtz, Jarrettsville, Md.

RECEIVED
MAR 12 1954
BUREAU V. S.

2654

02636
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Aberdeen 31
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. # 40 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maine COUNTY York
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berwick
STREET ADDRESS (If rural, give location) 57X-3 ✓

3. NAME OF DECEASED: (Type or Print) (First) Leon (Middle) (Last) Bartlett
4. DATE OF DEATH (Month) 3 (Day) 5 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	3/12/1898	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shipyard Painter	Painting	New Hampshire	USA

13. FATHER'S NAME: Joseph Bartlett
14. MOTHER'S MAIDEN NAME: Clara Mary Lassonde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	4	Prentice & Funeral Home Berwick, Maine.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture skull	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Fracture L femur, compound	-
DUE TO		
	(c)	

812.X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)
	R 5 Rte 40	Aberdeen Harford Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
March 5 1954 8 P.M.		Auto accident auto pedestrian type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3/6/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Removal	3/10/54	Evergreen Cemetery	Berwick, Maine

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 10-54	Nellie R. Foley	John E. Farring	Aberdeen Md.

VS. A15A - 5 - 53

RECEIVED
MAR 15 1954

2681 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02637

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abingdon X
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abingdon X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) E. (Last) Beasley

4. DATE OF DEATH: (Month) Mar. (Day) 1, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb.8,1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Abingdon, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Morgan

14. MOTHER'S MAIDEN NAME: Caroline Peaker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Maude Thomas, Abingdon, Md.,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200

Immediate cause (a) Cerebral Vascular Accident

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c) Hypertensive - Arteriosclerotic Heart disease

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1954, to 3/1, 1954, that I last saw the deceased alive on 3/1, 1954, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

SIGNATURE George T. Stansbury, M.D. (Degree or title) ADDRESS Havre de Grace, Md. DATE SIGNED 3/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Mar.4,1954

NAME OF CEMETERY OR CREMATORY John Wesley

LOCATION (City, town, or county) Abingdon, Harford, (State) Md.

DATE REC'D BY LOCAL REGISTRAR March 4 1954

REGISTRAR'S SIGNATURE Marie M Monlsdale

24. FUNERAL DIRECTOR Howard K. Mc Comas & Son, Abingdon, Md., ADDRESS

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MAR 8
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02638

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: Harford COUNTY Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace 34
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE Harford COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace 34
STREET ADDRESS (If rural give location) 312 S. Union Ave.

3. NAME OF DECEASED: (Type or Print) (First) Hermit (Middle) Pell (Last) Bissett

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 10/28/1902
9. AGE last birthday: 51 yrs. yrs. IF UNDER 1 YEAR Months 4 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Manager
10b. KIND OF BUSINESS OR INDUSTRY: Diners
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: E. T. Bissett
14. MOTHER'S MAIDEN NAME: Annie Hales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mrs. Vida B. Bissett, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Pulmonary Oedema — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary occlusion — 2 days

DUE TO

(c) Chronic Myocarditis — 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to March 13, 1954, that I last saw the deceased alive on March 13, 1954, and that death occurred at 5.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Wolbert M.D. ADDRESS Havre de Grace DATE SIGNED 3/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/17/54 NAME OF CEMETERY OR CREMATORY Corinth LOCATION (City, town, or county) Wendell (State) N. C.

DATE REC'D BY LOCAL REGISTRAR Mar. 14-1954 REGISTRAR'S SIGNATURE A. L. Lewis M.D. 24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

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MAR 1
BUREAU V. S.

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02639

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air
LENGTH OF STAY (in this place) 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 203 Archer Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air
STREET ADDRESS (If rural, give location) 203 Archer Street

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) (Last) BOND

4. DATE OF DEATH (Month) March (Day) 12 (Year) 1954

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 27, 1861
9. AGE last birthday 93 yrs. If under 1 year Months 1 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Fairview, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Bond
14. MOTHER'S MAIDEN NAME Elizabeth Kell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS 203 Archer St. Mrs. Molly Bond - Bel-Air, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 dia. 1

Immediate cause (a) CEREBRAL HEMORRHAGE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Cardio-Vascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 dia; ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ?
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1939, to March 12, 1954, that I last saw the deceased alive on Mar 12, 1954 and that death occurred at 10:45 p m., from the causes and on the date stated above.

SIGNATURE Willard P. Hudson (Degree or title) M.D ADDRESS Forest Hill Md DATE SIGNED 3/13/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/17/54
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) (State) Fairview - Harford - Md.

DATE REC'D BY LOCAL REG. 3/16/54
REGISTRAR'S SIGNATURE Priscilla Forward
24. FUNERAL DIRECTOR Elmer E. Bullock - Havre de Grace, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Thomas (Middle) R. (Last) Brown
4. DATE OF DEATH (Month) March (Day) 7 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	July 30, 1890	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Evaluator
10b. KIND OF BUSINESS OR INDUSTRY: Comm. Motor Vehicles
11. BIRTHPLACE (State or foreign country): Arnold Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Franklin Brown
14. MOTHER'S MAIDEN NAME: Sallie Tydings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. Thos R. Brown, Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Suicide by hanging
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

974X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home
21c. (City or town) Darlington (County) Harford (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3/7/54 — M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Hanged self in stair well

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE E. and C. Palmer
M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3/7/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 9, 1954	Darlington	Darlington, Harford Co., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/8/54	Priscilla Forwood	Martin L. Kurtz, Darlington, Md

VS. A15A - 5 - 58

MAR 12 1921

BUREAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH

02641

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural; LENGTH OF STAY (in this place) X; HOSPITAL OR INSTITUTION OR STREET ADDRESS Aldino Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Aberdeen Rural Rt 1.; STREET ADDRESS (If rural, give location) Aldino Road.

3. NAME OF DECEASED (Type or Print): (First) Harriet (Middle) Bond (Last) Collins

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4/16/1873

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William Bond

14. MOTHER'S MAIDEN NAME: Martha Adams.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Robert Collins - Aberdeen Rt. 1. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Cholecystitis & Pancreatitis

(c) Hypertension - Arteriosclerotic Heart disease

Interval Between Onset and Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1953, to 3/21, 1954, that I last saw the deceased alive on 3/20, 1954, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George T. Stansbury, M.D. Havre de Grace, Maryland 3/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/25/1954

NAME OF CEMETERY OR CREMATORY: Greenspring Cemetery

LOCATION (City, town, or county) (State): aberdeen P.O. md.

DATE REC'D BY LOCAL REG.: Mar 25 54

REGISTRAR'S SIGNATURE: Nellie L. Hess

24. FUNERAL DIRECTOR: John G. Herring

ADDRESS: aberdeen, md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural — LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Co Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) (Last) COLLINS

4. DATE OF DEATH: (Month) MARCH (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Mar 16, 1874

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: James Collins

14. MOTHER'S MAIDEN NAME: Anna [redacted]olins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Clark Fitzpatrick Bel Air RD Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

H.O.I.

Immediate cause (a) CORONARY THROMBOSIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr hypertensive Cardiovascular disease ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1951, to Mar 8, 1954, that I last saw the deceased alive on Mar 7, 1954, and that death occurred at 10:00 m., from the causes and on the date stated above.

SIGNATURE: Willard P Hudson — (Degree or title) — ADDRESS: Forest Hill Md — DATE SIGNED: 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar 9/54 — NAME OF CEMETERY OR CREMATORY: Co Home — LOCATION (City, town, or county) (State): Bel Air Rural Harford Md

DATE REC'D BY LOCAL REG. 3/8/54 — REGISTRAR'S SIGNATURE: Priscilla Forward

24. FUNERAL DIRECTOR — ADDRESS: Jos. T. Foster Bel Air Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 7 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) BELLE (Last) Conner

4. DATE OF DEATH (Month) March (Day) 9 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 3rd, 1879
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife retired
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME James Saver
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Harold Barrett Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8, 1954, to 3/9, 1954, that I last saw the deceased alive on 3/8, 1954, and that death occurred at 6:15 A. m., from the causes and on the date stated above.

SIGNATURE Frederick J. Hatem (Degree or title) M.D. ADDRESS [illegible] Aberdeen Md. DATE SIGNED 3/9/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 12, 1954
NAME OF CEMETERY OR CREMATORY West Nottingham
LOCATION (City, town, or county) Near Colora (State) Md.

DATE REC'D BY LOCAL REG. March 11 1954
REGISTRAR'S SIGNATURE J. L. Lewis M.D.
24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford, Fallston — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fallston, Rural
LENGTH OF STAY (in this place): 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) T. (Last) Crawford

4. DATE OF DEATH: (Month) March (Day) 12, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 8-31-1879

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mason Co. W. Va

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Reuben Crawford

14. MOTHER'S MAIDEN NAME: Margaret Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs C A Walter Bancroft W. Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorhage — Interval between onset and death: 7

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Hypertensive cardio-vasc. disease — Interval between onset and death: 7

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1954, to March 12, 1954 that I last saw the deceased alive on March 9, 1954, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson (Degree or title) M.D. ADDRESS: Forest Hill Md DATE SIGNED: 3/12/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar 14/54 — NAME OF CEMETERY OR CREMATORY: Crawford Cemetery — LOCATION (City, town, or county) (State): Bancroft W. Va

DATE REC'D BY LOCAL REG. 3/12/54 — REGISTRAR'S SIGNATURE: Priscilla Fogwood — 24. FUNERAL DIRECTOR: Joseph I Ingles — ADDRESS: Bel Air Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air 22
LENGTH OF STAY (in this place): 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air, Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Col Joseph (Middle) Benjamin (Last) Douglas
4. DATE OF DEATH: (Month) Mar (Day) 4 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: May 7-1874
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Regular Army Of.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Prince George Co Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Joseph Douglas
14. MOTHER'S MAIDEN NAME: Violetta Smallwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) World War I
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT AND ADDRESS: Col Henry G Douglas Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

45 ...

Immediate cause (a) CARDIO-RESPIRATORY FAILURE — 2 DAYS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ADVANCED ARTERIO-SCLEROSIS — 2 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 3 MAR, 1954, that I last saw the deceased alive on 3 MAR, 1954, and that death occurred at 2 30 A m., from the causes and on the date stated above.

SIGNATURE: H P Sedwell (Degree or title) M.D. ADDRESS: Bel Air, Md DATE SIGNED: 5 Mar '54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Mar 6/54
NAME OF CEMETERY OR CREMATORY: St Mary's Episcopal
LOCATION (City, town, or county) (State): Emmorton Harford Md

DATE REC'D BY LOCAL REG.: 3-5-1954
REGISTRAR'S SIGNATURE: Priscilla Fowood
24. FUNERAL DIRECTOR: Joseph T Foster Bel Air Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill (Rural) | LENGTH OF STAY (in this place) X 7 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ollie (Middle) Virginia (Last) Edwards

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1954

5. SEX: Female

6. WHITE

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Widowed

8. DATE OF BIRTH: Sept 9 1872

9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John A Caudill

14. MOTHER'S MAIDEN NAME: Mahala Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: J Elgin Richardson Forest Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemmorrhage, terminating a — 50 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Chronic hypertensive cardio-vascular disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1953 to March 9, 1954, that I last saw the deceased alive on March 8, 1954, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson (Degree or title) M.D. — ADDRESS: Forest Hill, Md. — DATE SIGNED: 3-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar 12-1954 — NAME OF CEMETERY OR CREMATORY: Edwards Cemetery — LOCATION (City, town, or county) (State): Sparta, N.C

DATE REC'D BY LOCAL REG. 3/9/54 — REGISTRAR'S SIGNATURE: Priscilla Forwood — 24. FUNERAL DIRECTOR: Joseph T Foster — ADDRESS: Bel Air Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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02647

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 1 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil ~~Harford~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) H (Last) England
4. DATE OF DEATH (Month) March (Day) 9 (Year) 1954
5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 7/26/1893
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire Fighter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Rueben J England deceased
14. MOTHER'S MAIDEN NAME Margaret E Faddis - deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Mrs John H England Charlestown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

440 X

Immediate cause (a) Coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4, 1957, to 3/9, 1954, that I last saw the deceased alive on 3/9, 1954, and that death occurred at 1:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] MD
ADDRESS [illegible]
DATE SIGNED 3/9/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 12 1954
NAME OF CEMETERY OR CREMATORY Charlestown Meth. Cem.
LOCATION (City, town, or county) Charlestown (State) Maryland

DATE REC'D BY LOCAL REG. Mar. 16 - 1954
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Joseph K. Grant North East, Md
ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03696

CERTIFICATE OF DEATH

Reg. Dist. No. 102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dublin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dublin
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lillie (Last) Halsey

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	Nov. 17 1877	76 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife (Spoke)	At Home	Grayson Co. Va	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Kingate	Joyce Boyer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No	No	Mrs Clarence Ward Street, Md. Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
491X Immediate cause	(a) Bronchial Pneumonia	6 Days
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) General Arteriosclerosis	15 yrs
DUE TO		
	(c) General Arteriosclerosis	15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1954, to Mar. 2, 1954, that I last saw the deceased alive on Mar. 2, 1954, and that death occurred at 5.30 A. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

L.O. Swoyer M.D. Darlington Md 3/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial March 4, 1954 Mt. Zion Cem. Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

March 4, 1954 C.H. Kirk H.S. Bailey Darlington, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02648

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air X
STREET ADDRESS (If rural, give location): Rd # 2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Baby Boy Hamby

4. DATE OF DEATH (Month) (Day) (Year): March 25 1954

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 3-25-54
9. AGE last birthday: yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours 2, Min. 44

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR IND[redacted]:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Vincent Hamby
14. MOTHER'S MAIDEN NAME: Alice Rebecca Hanson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 770 X Premature Birth 7 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐:
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25, 1954, to 3/25, 1954, that I last saw the deceased alive on 3/25, 1954, and that death occurred at 4:15P m., from the causes and on the date stated above.

SIGNATURE: Charles J. Foley (Degree or title) MD — ADDRESS: 455 S Main Ave Edmonds Mass — DATE SIGNED: 3/26/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar 27 1954 — NAME OF CEMETERY OR CREMATORY: Hockesbury — LOCATION (City, town, or county): Abingdon Harford (State): Md

DATE REC'D BY LOCAL REG.: 3-27-54 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Howard K. McCormick Jr. — ADDRESS: Abingdon Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - ABERDEEN
LENGTH OF STAY (in this place) 3 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - ABERDEEN X
STREET ADDRESS (If rural give location) R.D. #2

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) EDWARD (Last) HARKINS

4. DATE OF DEATH: (Month) MAR. (Day) 1, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAR. 31, 1914

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): SCHOOL ADMINISTRATOR

10b. KIND OF BUSINESS OR INDUSTRY: PUBLIC EDUCATION

11. BIRTHPLACE (State or foreign country): STREET, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE HARKINS

14. MOTHER'S MAIDEN NAME: VIOLA FAMOUS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: MRS. DOROTHY HARKINS, ABERDEEN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.

(a) DUE TO Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO Coronary artery disease as manifested by chest pain & pain down left arm beginning 3/24/54

(c)

Interval Between Onset And Death: Indefinite 3 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to May 3, 1954, that I last saw the deceased alive on Feb. 15, 1954, and that death occurred at 5:00 PM, from the causes and on the date stated above.

SIGNATURE Charles Richardson (Degree or Title) M.D. ADDRESS Bel Air Md. DATE SIGNED 3/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 3-4-54 NAME OF CEMETERY OR CREMATORY BELAIR GARDENS LOCATION (City, town, or county) BELAIR, (State) MD.

DATE REC'D BY LOCAL REGISTRAR March 5, 1954 REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR JOHN H. HARKINS, DELTA, PA. ADDRESS

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02650

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town); LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Home Bel Air Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pylesville Rd. 1; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) M (Last) Harrison

4. DATE OF DEATH: (Month) (Day) (Year) March 21 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 24, 1865

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired farmer

11. BIRTHPLACE (State or foreign country) Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B Harrison

14. MOTHER'S MAIDEN NAME: Lizzie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no; (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lizzie Porter, Pylesville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C V disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1954 to 3/21, 1954, that I last saw the deceased alive on 3/18, 1954, and that death occurred at 8 A.M, from the causes and on the date stated above.

SIGNATURE Gerald C Palmer (Degree or title) M.D. ADDRESS Bel Air md DATE SIGNED 3/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF March 24; NAME OF CEMETERY OR CREMATORY Friends; (LOCATION (City, town, or county) Farm Grove; (State) Pa

DATE REC'D BY LOCAL REGISTRAR 3/22/54; REGISTRAR'S SIGNATURE Priscilla Fawcett; 24. FUNERAL DIRECTOR Howard Webb; ADDRESS Farm Grove Pa

VS. A15

RECEIVED
MAR 26 1954
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02651

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cardiff, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) (Last) Hastings

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: UNKNOWN

9. AGE last birthday: 53 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: deceased -unknown

14. MOTHER'S MAIDEN NAME: Mary Hastings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Spencer Heaps, Cardiff, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 72 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Congestive Heart Failure — 72 hr.

(c) Arteriosclerotic Heart Disease — 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Monumental Exogenous Obesity — 5 yr.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-, 1954, to 3-9-, 1954, that I last saw the deceased alive on 3-9, 1954, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

SIGNATURE [signature], M.D. (Degree or title) ADDRESS Cardiff, Md. DATE SIGNED 3-9-54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: 3-11-54 | NAME OF CEMETERY OR CREMATORY: VERNON | LOCATION (City, town, or county) (State): HARFORD CO. MD.

DATE REC'D BY LOCAL REG.: March 9-1954 | REGISTRAR'S SIGNATURE: A. L Lewis M.D.

24. FUNERAL DIRECTOR ADDRESS: JOHN H. HARKINS, DELTA, PA.

MAR 12 1954
BUREAU V. S.

2663

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02652

CERTIFICATE OF DEATH

Reg. Dist. No. 186

1. PLACE OF DEATH: Harford COUNTY Maryland MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
RURAL LENGTH OF STAY (in this place) 43 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE Harford COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
STREET ADDRESS (If rural give location) 700 Green

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) M. (Last) Haut
4. DATE OF DEATH: (Month) (Day) (Year) 3/10/54 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 6/7/1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months 9 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Jenkins
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: May Haut, 700 Green, Havre de Grace

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Acute Volvulus Cardiac

DUE TO Vascular Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension

DUE TO Cerebral Accident

(c) Cachexia

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953, to March 10, 1954, that I last saw the deceased alive on 3/10, 1954, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles [illegible] M.E. ADDRESS 400 Pennington Ave Havre de Grace DATE SIGNED 3/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/12/54 NAME OF CEMETERY OR CREMATORY Mt. Erin LOCATION (City, town, or county) (State) Havre de Grace, Md.
DATE REC'D BY LOCAL REGISTRAR Mar 12 - 1954 REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Pennington & Son, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 19[illegible]
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2664

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02653

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Harford~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3212 Beverly Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H (Last) Johnson

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Oct. 11, 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Elevator Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John D. Johnson

14. MOTHER'S MAIDEN NAME: Elizabeth Zimmerman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Wm. Grayson, 3212 Beverly Road #14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C V disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17 1954, to March 24, 1954, that I last saw the deceased alive on March 20, 1954, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE Gerald C Palmer M D (Degree or title) ADDRESS Bel Air Md. DATE SIGNED 3/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Mar. 26, 1954

NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR 3/26/54

REGISTRAR'S SIGNATURE C. W. Hedrick Jr.

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

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M

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Jarrettsville X
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Jarrettsville X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) HARRISON (Last) JONES

4. DATE OF DEATH (Month) Mar. (Day) 24, (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH April 4, 1889

9. AGE last birthday 64 yrs. If under 1 year: Months 11 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm owner

11. BIRTHPLACE (State or foreign country) Ash Co. N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Andrew Jones

14. MOTHER'S MAIDEN NAME Susan Powers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Laure Jones, Forest Hill, Harford Co. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1998

Immediate cause (a) Debility due to — INTERVAL BETWEEN ONSET AND DEATH 18 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma bladder and

(c) prostate with metastasis generalized — 18 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that Dr Willard Hudson attended the deceased from Oct, 1952 to 21 Mar, 1954 that I last saw the deceased alive on 21 Mar, 1954 and that death occurred at 3:45A m. from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M.D. (Degree or title) ADDRESS Forest Hill, Md 3/28/54 DATE SIGNED 25 Mar 54

Philip W. Heuman Md, Bel Air Md

Lorraine C. Palmer MD Sept. 1954 Medical Examiner Harford Co. Md

23. BURIAL CREMATION REMOVAL (Specify) Burial

DATE Mar. 26, 1954

NAME OF CEMETERY OR CREMATORY Baptist View Cem.

LOCATION (Town, Township, State) Sharon, Harford Co. Md

DATE REC'D BY LOCAL REG. 3/26/54

REGISTRAR'S SIGNATURE Priscilla Fonovod

24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

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BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03702

Reg. Dist. No. 8-2

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington R.D.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington R.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) A. (Last) Knight
4. DATE OF DEATH: (Month) March (Day) 2, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widow	Dec 20 1867	86 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	at home	Scotland	U.S.A.

13. FATHER'S NAME: John Stewart
14. MOTHER'S MAIDEN NAME: Margarett Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
no	no	no	Mr. Thomas Knight Darlington, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death: 5 days

794 X
Immediate cause (a) old age
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25 ..., 1954, to 3/2 ..., 1954, that I last saw the deceased alive on Mar. 1, 1954, and that death occurred at 10:2m, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Malcolm Dudley Phillips MC		Darlington Md	3/6/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 7 1954	Darlington Cem.	Harford Co., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 9 1954	C. H. Kirk	H. S. Bailey	Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02655

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Bar Harbor
STREET ADDRESS (If rural, give location) Abingdon Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bozena		Kobierski	March 4 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	married	Mar. 31 1914	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stitch Operator	Shoe Factory	Czech	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Volcik	Anna Babica

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	215-18-6831	Bohuslav Kobierski, Abingdon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
151X Immediate cause	(a) Peritonitis acute, generalized	48 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized carcinomatosis	
	(c) carcinoma of stomach	1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from February, 1953, to March 4, 1954, that I last saw the deceased alive on March 4, 1954, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James McC. Finney	M.D.	330 S. Union Ave., Havre de Grace, Md	3-4-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 6, 1954	St. Pauls Luthern	Stepney, Harford, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 10-1954	C. L. Lewis M.D.	Howard K. Mc Comas & Son,	Abingon, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen Rural — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paradise Road.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen, Rural.
STREET ADDRESS (If rural, give location): Paradise Road.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) H. (Last) Lewis

4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct 20 - 1859
9. AGE last birthday: 64 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician Ky emp.
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. T. Lewis
14. MOTHER'S MAIDEN NAME: Mattie Hale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 220-22-0948
17. INFORMANT AND ADDRESS: Mrs. Henry H. Lewis - Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis — 2 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Atherosclerosis — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1937, to March, 1954, that I last saw the deceased alive on March 2, 1954, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE: J Ralph Hardy MD (Degree or title) — ADDRESS: Churchville — DATE SIGNED: March 5 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: Mar. 6th 1954 — NAME OF CEMETERY OR CREMATORY: Morristown Cemetery — LOCATION (City, town, or county) (State): Morristown, Tennessee.

DATE REC'D BY LOCAL REG.: March 6-54 — REGISTRAR'S SIGNATURE: Nellie A Perry — 24. FUNERAL DIRECTOR: John G. Tarring — ADDRESS: Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02657

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fountain Green
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fountain Green
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Grover (Middle) Howard (Last) Marsh

4. DATE OF DEATH: (Month) Mar (Day) 16 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widow

8. DATE OF BIRTH: 7-12-1890

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Taylor Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Perry Oliver Marsh

14. MOTHER'S MAIDEN NAME: Annie O. Barnwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ✓

17. INFORMANT & ADDRESS: Mrs Julia Probst Bel Air, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) CARCINOMATOSIS — Interval Between Onset And Death: 3 MONTHS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) CARCINOMA OF STOMACH — 1 YEAR.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 MAR, 1953, to 16 MAR, 1954, that I last saw the deceased alive on 16 MAR, 1954, and that death occurred at 1:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. — ADDRESS Bel Air Md. — DATE SIGNED 17 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 20 Mar 1954 — NAME OF CEMETERY OR CREMATORY Mt Zion — LOCATION (City, town, or county) Fountain Green (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/19/54 — REGISTRAR'S SIGNATURE Priscilla Forword

24. FUNERAL DIRECTOR Joseph J Foster — ADDRESS Bel Air Md

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02658

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORRISVILLE
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORRISVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) J. (Middle) SAMUEL (Last) McCLUNG

4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9-3-1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): NORRISVILLE, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT ROYSTON McCLUNG

14. MOTHER'S MAIDEN NAME: HANNAH CATHCART.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16 SOCIAL SECURITY No: NONE

17. INFORMANT & ADDRESS: Mrs. Wm O. Whiteford, Stewartstown R#1 Pa

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage, due to advanced

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis & brain, auricular fibrillation

DUE TO (c) Chr. prostatic with retention.

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1954, to Mar. 2, 1954, that I last saw the deceased alive on Mar. 1, 1954, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

SIGNATURE Norman H. Hemmill (Degree or Title) Stewartstown Pa ADDRESS

DATE SIGNED 3/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3-5-54 NAME OF CEMETERY OR CREMATORY CENTRE PRESBY. LOCATION (City, town, or county) NEW PARK, YORK Co., (State) PENNA.

DATE REC'D BY LOCAL REGISTRAR 2.4.54 REGISTRAR'S SIGNATURE Priscilla Lowood

24. FUNERAL DIRECTOR Kenneth W. Cochran ADDRESS Stewartstown Pa.

VS. A15

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02659

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY HARFORD; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEL AIR
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 437 So. MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 4328 PARK SIDE DRIVE

3. NAME OF DECEASED (Type or Print): (First) BESSIE (Middle) ELIZABETH (Last) McKECHNEY
4. DATE OF DEATH: (Month) MARCH (Day) 20 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	SEPT 12, 1885	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS TYLER
14. MOTHER'S MAIDEN NAME: REBECCA SWISHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: MRS IVA R. CHARAS, BEL AIR, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
260 X Immediate cause	(a) CONGESTIVE HEART FAILURE	3½ MOS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) DIABETES MELLITUS	
	(c) RHEUMATIC HEART DISEASE	37 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 15, 1954 to MAR 20 1954, that I last saw the deceased alive on MAR 20, 1954 and that death occurred at 2:10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip W. Herman	M.D.	307 HICKORY AVE., BEL AIR, MARYLAND	MAR 20 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 22/54	Shamokin	Shamokin Penn

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/20/54	Priscilla Fonwood	Joseph T. Foster	Bel Air Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR
BUREAU V. S.

266

MARYLAND STATE DEPARTMENT OF HEALTH

02660

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 6 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 139 Weber ST.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) J (Last) Mc Mahon
4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 25 1880
9. AGE last birthday: 73 yrs. If under 1 year: Months 5 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Garage Owner
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Mc Mahon
14. MOTHER'S MAIDEN NAME: Mary Carnody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS: John Mc Mahon, 139 Weber St. Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia due to Arteriosclerotic Cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 54, to March 12, 19 54, that I last saw the deceased alive on March 12, 19 54, and that death occurred at 2 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Clarence J. Foley MD — 46 Juniata Lane Havre de Grace Md — 3/12/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/16/54 — NAME OF CEMETERY OR CREMATORY: Holy Sepulchre — LOCATION (City, town, or county) (State): New Rochelle N.Y.

DATE REC'D BY LOCAL REG. Mar 12-1954 — REGISTRAR'S SIGNATURE: A. J. Lewis M.D.

24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son, Havre de Grace, Md.

RECEIVED
MAR 15 1954
BUREAU V. S.

Item 1A film G 162 3/22/54 cm

02661

2668

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #3 Plater Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) #3 Plater Street

3. NAME OF DECEASED (Type or Print) (First) William (Middle) N. (Last) Moore

4. DATE OF DEATH (Month) Mar (Day) 13 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 28-1879
9. AGE last birthday 74 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ernest Moore
14. MOTHER'S MAIDEN NAME Jessie unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Wm. N. Moore - Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — Yes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Osteoarthritis — Yes.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to March, 1954, that I last saw the deceased alive on 3/12, 1954, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

SIGNATURE Frederick J Hatton (Degree or title) M.D. ADDRESS Aberdeen, Md. DATE SIGNED 3/15/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 16-1954
NAME OF CEMETERY OR CREMATORY Bakers Cemetery
LOCATION (City, town, or county) (State) Aberdeen Maryland

DATE REC'D BY LOCAL REG. March 15-54
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR John G. Farring - ADDRESS Aberdeen Maryland

MARGIN RESERVED FOR BINDING

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2694

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02662

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen. R.D. X
LENGTH OF STAY (in this place) 40 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen R.D., X
STREET ADDRESS (If rural give location) Stoney Forest

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Joseph (Last) Moravec

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July, 8, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Mary Sevcik

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs. Josephine Moravec, Aberdeen, R.D. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Myocardial Infarction	1 hr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Occlusion	6 hr.
	DUE TO (c) Coronary Arteriosclerosis	Uncertain

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17, 1954 to 3-18, 1954, that I last saw the deceased alive on 3-17, 1954 and that death occurred at 6:15 AM from the causes and on the date stated above.
SIGNATURE Peter P. Hodman, M.D. (Degree or title) ADDRESS Aberdeen, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 21, 1954
NAME OF CEMETERY OR CREMATORY St. Francis,
LOCATION (City, town, or county) (State) Abingdon, Harford, Md.
DATE REC'D BY LOCAL REGISTRAR March 23-54
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Howard K. Mc Comas & Son, Abingdon, Md., ADDRESS

MAR 23 1954
BUREAU V. S.

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02663

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emergency Home X
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) George (Middle) Turner (Last) Mullen — (Type or Print)

4. DATE OF DEATH (Month) March (Day) 26 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-5-1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Race Track

10b. KIND OF BUSINESS OR INDUSTRY: Horse Groom

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Mullen

14. MOTHER'S MAIDEN NAME: Mary Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.: 217-20-2626

17. INFORMANT & ADDRESS: Robt J Mullen 7731 Philadelphia Rd 6 Balto (6) Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic CV disease 422.1 — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
M. D. ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Mar 29/54

NAME OF CEMETERY OR CREMATORY Balto Nat'l Cemetary

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 3/26/54

REGISTRAR'S SIGNATURE Priscilla Fourwood

24. FUNERAL DIRECTOR Elmer W Conklin ADDRESS 924 E. Baltimore St Balto Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAR 29

2696

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02664

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL PYLESVILLE
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X PYLESVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) MILTON (Last) PICKER

4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: 9-20-1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): BUCK CO, Pa.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JOHN PICKER

14. MOTHER'S MAIDEN NAME: SUSAN LAPP

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: John Pucker Pylesville 2nd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma of Colon DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 Mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ....., 1953, to March 19 1954, that I last saw the deceased alive on March 19 1954, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE Edward H Hyson (Degree or title) MD ADDRESS Fawn Grove Pa DATE SIGNED March 20, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3-23-54 NAME OF CEMETERY OR CREMATORY FAWN GROVE LOCATION (City, town, or county) (State) FAWN GROVE, YORK Co., Pa.

DATE REC'D BY LOCAL REGISTRAR 3/22/54 REGISTRAR'S SIGNATURE Priscilla Foreword

24. FUNERAL DIRECTOR Kenneth W Pucker ADDRESS Stewartstown Pa

VS. A15

RECEIVED
MAR 26 1954
BUREAU V. S

R66

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02665

CERTIFICATE OF DEATH

Reg. Dist. No. 125

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The space is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Harford. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre-de-Grace | LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trankenville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Leonard (Middle) Septimus (Last) Rembold
4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3/5/1893
9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Gov't. Lineman foreman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles Rembold
14. MOTHER'S MAIDEN NAME: Elizabeth Cage
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.I
16. SOCIAL SECURITY NO.: 220-20-7887
17. INFORMANT AND ADDRESS: Doris L. Crattree (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 331X Cerebral Hemorrhage — Interval between onset and death: 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Essential Hypertension.
(c) Arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.14, 1954, to 3.21, 1954, that I last saw the deceased alive on 3.21, 1954, and that death occurred at 9.40 p.m., from the causes and on the date stated above.

SIGNATURE: Alex. I. Sandecki M.D. (Degree or title) ADDRESS: Alexander Sandecki, M. D. 15 Courtland St, Bel Air, Md. Phone 68 DATE SIGNED: 3.21.54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 3/24/1954 | NAME OF CEMETERY OR CREMATORY: Fork Methodist | LOCATION (City, town, or county): Fork, Balto., (State): Md.

DATE REC'D BY LOCAL REG.: 3-26-54 | REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: Howard K. Mc Comas & Son ADDRESS: Abingdon, Md.

MAR 29 1
BUREAU V. S

Item 7- Funeral Director's statement in person. 4/5/54 jst

02666

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M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Edward (Last) Rollins.

4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 1954

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 12-26-75
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Rail Road
10b. KIND OF BUSINESS OR INDUSTRY Foreman
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Rollins
14. MOTHER'S MAIDEN NAME Ellen L. League

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 717-07-5392
17. INFORMANT AND ADDRESS Edward L. Rollins (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis

(c) Heart Block

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1954, to 3/19, 1954, that I last saw the deceased alive on 3/17, 1954, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 3/19/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 23, 1954
NAME OF CEMETERY OR CREMATORY Cokesbury Memorial
LOCATION (City, town, or county) Abingdon, Harford, (State) Md.

DATE REC'D BY LOCAL REG. 3-23-54
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Howard K. Mc Comas & Son, Abingdon, Md., ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02667

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Walter's Nursing Home X — LENGTH OF STAY (in this place): 2 years 2 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kalmia, Harford Co. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1906 Woodbourne Ave

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) D (Last) Schriver

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widow	June 20-1894	59 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Retired	Tamaqua Penn	US

13. FATHER'S NAME: Charles D Schriver

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	205-03-1767	Mrs Charles F Hans 1906 Woodbourne Ave Baltimore Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Hemiplegia (left) DUE TO — 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

352 X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/5 19 54, to 3/12 19 54, that I last saw the deceased alive on 3/10 19 54, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer M D	Bel Air Md.	3/13/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 15/54	Mountain Christian	Joppa, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/14/54	Priscilla Fawcett	Joseph T Foster	Bel Air, Md.

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[illegible] V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 125

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Havre de Grace, Md
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Phila.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 5108 Race Street

3. NAME OF DECEASED: (First) Moses (Middle) Shiva (Last) J.
4. DATE OF DEATH (Month) March (Day) 23 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Married	JAN 1, 1920	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Cook	Restaurant	Eastover, S.C.	U.S.A.

13. FATHER'S NAME: Moses Shivar
14. MOTHER'S MAIDEN NAME: Julia Weston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes WWII	176-18-1811	Mr. Harry Powell 5108 Race St. Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Fracture skull	1 hour
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	MS Route 1	Belair Harford Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Mar. 23 1954 M.		Accident MV

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3/23/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3/29/54	Eden Cemetery	Yeadon, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-24-54	A. L. Lewis M. D.	Elmer E Bullock	Havre de Grace, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford 20 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Delware — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilmington
STREET ADDRESS (If rural, give location): 23 W. 40th St

3. NAME OF DECEASED (Type or Print): (First) Alwilda (Middle) (Last) Simmers
4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 3/11/1867
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Henry Whitelock
14. MOTHER'S MAIDEN NAME: Anna Amelia Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Floyd Simmers, York, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia Uremia

904.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture Intertrochanter Left Femur

(c) Shock Toxemia

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN) (COUNTY) (STATE): Harford Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 2 27 54 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fall at home

22. I hereby certify that I attended the deceased from 2/25, 1954, to 3/15, 1954, that I last saw the deceased alive on 3/15, 1954, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE: Charles J. Foley MD (Degree or title) ADDRESS: 405 Bonnie Ave Havre de Grace Md DATE SIGNED: 3/15/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3-18-1954
NAME OF CEMETERY OR CREMATORY: Asbury
LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: Mar. 17-54
REGISTRAR'S SIGNATURE: G. L. Lewis M.D.
24. FUNERAL DIRECTOR: Lee A. Patterson & Son — ADDRESS: Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BOARD U. S.

2673

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02670

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN 21
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL - ABERDEEN PROVING GROUND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Post Trailer Park, A.P.G.
STREET ADDRESS (If rural give location) Site C-9

3. NAME OF DECEASED: (Type or Print) (First) DARRELL (Middle) EUGENE (Last) SIMS
4. DATE OF DEATH: (Month) MARCH (Day) 1 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: MARCH 1, 1954
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months Days 0 IF UNDER 24 HRS. Hours 2 Min. 25

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: SFC LEONARD G. SIMS
14. MOTHER'S MAIDEN NAME: BETTY KIZZIRE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Leonard G. Sims - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776X

Immediate cause (a) Prematurity

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Mar., 1954, to 1 Mar., 1954, that I last saw the deceased alive on 1 Mar., 1954, and that death occurred at 1930 hrs., from the causes and on the date stated above.

SIGNATURE Milton Gordon (Degree or title) Capt., M.C. - 2151-1 USAH. ADDRESS APG., Md. DATE SIGNED 1 Mar. 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 4-1954
NAME OF CEMETERY OR CREMATORY Post Cemetery
LOCATION (City, town, or county) aberdeen Maryland. (State)

DATE REC'D BY LOCAL REGISTRAR March 4-54
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR John G. Farring ADDRESS aberdeen md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02671

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hickory X
LENGTH OF STAY (in this place) 31 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hickory X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) L (Last) SLADE
4. DATE OF DEATH: (Month) MARCH (Day) 26 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: April 30-1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Self Employed
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Hickory Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Walter Slade
14. MOTHER'S MAIDEN NAME: Mary Rebecca Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) War I
16. SOCIAL SECURITY No.: 212-07-9430
17. INFORMANT & ADDRESS: Mrs Katie A Slade Forest Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
4 2 3.1 Immediate cause	(a)	Myocardial Infarction	1 hour
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Coronary Thrombosis	12 hours
X	DUE TO (c)	Arteriosclerotic cardiovascular disease	several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS; DIVERTICULOSIS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1952 to March 26, 1954, that I last saw the deceased alive on March 26, 1954, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

SIGNATURE Paul S. Stonesifer Jr. (Degree or title) M.D. ADDRESS 615 HICKORY Ave. Bel Air, Md. DATE SIGNED March 26, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar 29/54
NAME OF CEMETERY OR CREMATORY St Ignatius
LOCATION (City, town, or county) (State) Hickory Harford Co Md
DATE REC'D BY LOCAL REGISTRAR 3/27/54
REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR Joseph T Foster Bel Air, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madonna
LENGTH OF STAY (in this place) 38 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madonna
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Roberta (Middle) Gardiner (Last) Smith

4. DATE OF DEATH (Month) March (Day) 26 (Year) 1954

5. SEX F.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 1st 1880

9. AGE last birthday 73 yrs. If under 1 year Months 11 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Gardiner

14. MOTHER'S MAIDEN NAME Alice Burley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. John Markline, White Hall, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Cerebral Vascular Accident 2nd episode	4/2 mins.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 904.9	(b) Hypertension - Arteriosclerotic Heart Disease	15 years
	(c) Healing fracture Left Hip	2 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1954, to May 31, 1954, that I last saw the deceased alive on May 31, 1954, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. James Thomson Jr M.D. Jarrettsville Md. 3/27/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE May 29 1954

NAME OF CEMETERY OR CREMATORY Bethel

LOCATION (City, town, or county) (State) Madonna, Harford Co. Md.

DATE REC'D BY LOCAL REG. 3/27/54

REGISTRAR'S SIGNATURE Priscilla Foreword

24. FUNERAL DIRECTOR ADDRESS Martin G. Kurtz, Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace, Md.
STREET ADDRESS (If rural, give location) P.O. Box # 172

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) K. (Last) Spruill

4. DATE OF DEATH (Month) 3 (Day) 6 (Year) 1954

5. SEX male
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 3/8/1924
9. AGE last birthday 29 B.D. yrs. If under 1 year Months 11 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dorsey
14. MOTHER'S MAIDEN NAME Hattie Spruill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 7
16. SOCIAL SECURITY NO. 239-24-1281
17. INFORMANT AND ADDRESS Mrs Elizabeth Spruill - P.O. Box # 172 Havre de Grace, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 X Immediate cause	(a) Cerebral Haemorrhage	10 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	2 yr.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-, 1954, to 3-6-, 1954, that I last saw the deceased alive on 3-6-, 1954, and that death occurred at 8.30 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Andrew, Md. DATE SIGNED 3-7-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3/7/54
NAME OF CEMETERY OR CREMATORY Popular Point Cemetery
LOCATION (City, town, or county) Martin County (State) N.C.

DATE REC'D BY LOCAL REG. March 7-1954
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Elmer E Bullock - Havre de Grace, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 1

1. PLACE OF DEATH:
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Darlington
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. — COUNTY:
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 471 M St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) QUEEN (Middle) ESTHER (Last) SWITZER (GARRY)

4. DATE OF DEATH (Month) March (Day) 16 (Year) 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Colored	✓	✓	28 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress		N. Carolina	U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		James Garry 471 M. St. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Rheumatic heart disease	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Healed rheumatic aortic valvulitis	
DUE TO		
	(c) Hypertrophy of myocardium	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
None		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: William V. Gault M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED: 3/17/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal			Washington North Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-17-54	Ann Hedrick Deputy	Mosher's Funeral Home, Henry C. Mosher 412 H St. Washn. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Darlington
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) H. (Last) TOMLINSON
4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 2/28/89
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Virginia Smith Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lee Bone Tomlinson
14. MOTHER'S MAIDEN NAME: Sara Rawe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-09-1366
17. INFORMANT AND ADDRESS: Mrs Charles H Tomlinson, Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause: 420.1 (a) Coronary occlusion

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic myocarditis
(c) Enforcement Right and Ant. auricle

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 6, 1954, to Mar 14, 1954, that I last saw the deceased alive on Mar 16, 1954, and that death occurred at 2:50 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Havre de Grace, Md. DATE SIGNED: 3-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: March 16, 1954
NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens
LOCATION (City, town, or county) (State): Harford, Md.
DATE REC'D BY LOCAL REG.: 3-14-54
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
24. FUNERAL DIRECTOR: H. S. Bailey, Darlington, Md.
ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2676 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02676

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1 PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace 24
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Seneca Ave.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace 24
STREET ADDRESS (If rural give location) 205 Seneca Ave.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Helen (Last) Townsend
4. DATE OF DEATH: (Month) March (Day) 2, (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 18, 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John H. Preston
14. MOTHER'S MAIDEN NAME: Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ---
17. INFORMANT & ADDRESS: Alvin W. Townsend Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
4221 Immediate cause	(a) DUE TO	Pulmonary Oedema Uremia	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Chronic Myocarditis arteriosclerosis	10 yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to March 2, 1954, that I last saw the deceased alive on March 2, 1954, and that death occurred at 11 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Robert A. Albert M.D. ADDRESS Havre de Grace Md DATE SIGNED March 3 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/4/1954
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town, or county) (State) Port Deposit, Maryland
DATE REC'D BY LOCAL REGISTRAR March 3-54
REGISTRAR'S SIGNATURE G. L. Lewis M.D.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen 31; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS RD#1 Aldino Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen Rural; STREET ADDRESS (If rural, give location) aldino Road.

3. NAME OF DECEASED (Type or Print): (First) Parrie; (Middle) Emma; (Last) Wakeland.

4. DATE OF DEATH: (Month) 3; (Day) 18; (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W. Land

8. DATE OF BIRTH: Oct. 31-1874

9. AGE last birthday: 79 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Moulsdale

14. MOTHER'S MAIDEN NAME: Jane M. Keithley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Ada Rutledge aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerotic Cardio vascular 422.1 — Interval between onset and death: 8 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute pulmonary Odema — 1½ hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to March, 1954, that I last saw the deceased alive on March 17, 1954, and that death occurred at 1030 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J Ralph Hosey M D ADDRESS Churchville DATE SIGNED March 20

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 3/21/54; NAME OF CEMETERY OR CREMATORY Amer. Legion Cemetery; LOCATION (City, town, or county) (State) aberdeen R.D.#2 md.

DATE REC'D BY LOCAL REG. March 20 54; REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR John E. Farring; ADDRESS aberdeen md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace | LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
STREET ADDRESS (If rural, give location) R. F. D. # 2

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Whitall
4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 4/8/1888
9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John M. Whitall
14. MOTHER'S MAIDEN NAME: Margaret Bacon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mildred M. Whitall wife.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 27 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25, 1954, to Mar. 23, 1954, that I last saw the deceased alive on Mar. 23, 1954, and that death occurred at 4:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. L. Wollenweber M D — ADDRESS Harford Memorial Hospital — DATE SIGNED 3-23

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 26, 1954 — NAME OF CEMETERY OR CREMATORY Darlington Cem — LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. 3-24-54 — REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR H. E. Bailey — ADDRESS Darlington Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 26 1954
BUREAU V. S